

CLAIM FORM – GROUP PERSONAL ACCIDENT

Please send the completed Claim Form, as soon as possible, to your insurance advisor or broker or to:

Claims Department
QBE Insurance (Vietnam) Ltd
Suite 1302 A The Metropolitan,
235 Dong Khoi St, Dist 1, HCMC
Vietnam
Tel : + 848 38245050
Fax: + 844 38245054

Hanoi Branch
Room 701, North Star Building,
No 4 Da Tuong, Hoan Kiem District, Hanoi
Vietnam
Tel : + 844 3942 8668
Fax: + 844 3942 8669

PARTICULARS OF POLICYHOLDER /EMPLOYER DECLARATION

Name of Group: Policy Number:
 Address of policyholder:
 Tel: Fax: Email:
 Full name of Employee: Age
 Number of days out of work due to accident Position
 Last Salary drawn Last working day (in case of death)
 Nationality: ID Number:
 Home phone number Mobile number:

CLAIMANT DECLARATION

ACCIDENT AND TREATMENT INFORMATION

Date of Accident: Place of Accident:
 How did the accident happen? (Describe fully)

 Consequence of Loss:
 Date of Admission: Date of discharge:
 Name and Address of medical service provider:
 Tel: Fax: Email:

MEDICAL EXPENSE

Required documentation

- a) Medical report/ Doctor Prescription/ Doctor Note
- b) Receipts/invoices of medical expenses incurred (original)
- c) Itemized hospital bills (if hospitalized) and Discharge slip/memo from attending physician if there's hospitalization
- d) Medical record and relevant test result (if any)
- e) Vehicle registration and Driving license (if traffic accident)

Item	Invoice No	Doctor's note		Amount
		Yes	No	

